



ELECTIVES IN M.B.B.S. PROFESSIONAL TRAINING IN INDIA: A LEARNING OPPORTUNITY ON AREA OF INTEREST TO STUDENTS.

Pharmaceutical Science

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ABSTRACT

A change in graduate medical education regulations notified by the government of India in 2019 has been done with a view to creating physicians of first contact who are relevant to both their community and the globe. Elective courses, as the name implies, are fundamentally optional in nature. These regulations aim at defining outcomes and helping students work toward them. These regulations also envisage a broader role for trainees as scholars, researchers, and specialists. In order to diversify experience, stimulate interest in research, and discover learning beyond primary care, an opportunity has been created in the new MBBS program for the student to undertake electives of his or her choice, subject to availability. Two months of elective time, one in basic science or research and the other in clinical sciences or community clinics, have been created. Leverage has been given to institutions to create these electives based on local circumstances and perceived needs. Elective postings are compulsory for students, and their successful completion is necessary for students to be able to attend the final examination. The opportunity to "work" in a clinical, laboratory, research, community, or team-based setting at an early stage in the profession is an invaluable experience for learners, as this will have a lasting impact on their professional lives. An elective allows students to think of a career beyond examinations and gives them an impetus to think laterally, besides laying the foundation for future professional pathways. It also allows students to match their aspirations with the ground reality in the field of their dreams.

KEYWORDS

Electives, MBBS, ABVGMC Vidisha, Prescription audit.

INTRODUCTION

Prescription audit is a tool as well as a technique and its application is science as well as an art. Quality of life can be improved by enhancing the standards of medical treatment and that can only be assessed by prescription audit, because it is based on documented evidences to support diagnosis, treatment and justified utilization of hospital facilities. Effective prescription audit is important for health professionals, health service managers, patients, and the public. It supports health professionals in making sure their patients receive the best possible care. It can inform health service managers about the need for organizational changes, or new investment to support health professionals in their practice. Prescription audit is a quality improvement process that seeks to improve patient care.²

Review of literature:

Electives imply varied meanings, ranging from specialized training to interest based courses to courses undertaken outside own college. In its simplest form, electives are the curricular contents during any training program where a student has the freedom to choose a part of the course element. In contrast to mandatory or core courses which every student must take in order to complete a training program; for electives, students can choose from available course options as per their interest. Elective courses are a part of medical curriculum in many universities worldwide (Mahajan & Singh, 2021). Many recent studies have discussed the role of elective courses in undergraduate education (Lumb & Murdoch-Eaton, 2014; Kusrkar & Croiset, 2014; Suzuki & Nishigori 2018; Daccache et al., 2020; Willott et al., 2019; Cherniak et al., 2013). Many studies have reported the benefits of electives like increased knowledge and skills, enhanced critical thinking and problem-solving skills, Improved communication and teamwork skills, increased self-confidence and motivation, a more well-rounded education, opportunity for exploratory learning, lateral thinking, immersive learning, and development of spirit of enquiry (Khilnani & Thaddanee, 2022; Ramalho et al. 2020, Al-TaHER 2022; Stys et al., 2013, Stone et al., 2022; Bath et al., 2020, Storz, 2022). Also, electives affect the future choices of students regarding their clinical practice (Alkhanee et al., 2018; Zuckerman et al., 2016; Dada et al, 2022; Rudasill et al, 2022; Alghamdi et al, 2022; Anand Citation: Vidja, K., Patel, J., Patidar, H., Akhani, P., & Patel, P. (2023). A study on perception of medical students regarding implementation of elective module in India.³ All of the prescriptions were written for outpatients (males 59.25%; females 40.75%).⁴ The recent MCI guidelines for drug prescribing demands for drug as well as drug details are to be written in capital letters along with the pharmacy (where the drug is dispensed) details.⁵ The prescriptions were analyzed

in accordance to NABH and MCI guidelines for prescription writing. Special attention was paid to generic drugs names being mentioned in the prescriptions, capitals letters used and drug interactions being assessed. Result: Total 370 prescriptions were analyzed. A total of 220 prescription errors were detected. Of them the most common error was not writing the generic names of drugs 163 followed by errors on regards to not writing the prescription in capital letters them. Few errors also seen were wrong dosage prescription in 3 and missed dosage in 2 prescription. The data obtained were analyzed by using simple descriptive statistics and the parameter were expressed in percentages.⁶ National health guideline of NHM India also says that 81 to 88 sample is enough if hospital OPD is between 500 to 1000 patient daily with margin of error -10% and 95% confidence interval. And we have taken sample of 100 patients. (Between date 16 July 2023 to 31 July 2023) Our hospital OPD is about 400 to 500 patients per day. Guide line also says legibility and completeness of prescription should be calculated in percentage.⁷

Yogi Eshwar P kumar et al in his study of 2010 and result says that A total of 110 prescriptions were collected and audited. Out of 110 prescriptions 6 (5%) prescriptions have therapeutic duplications and 21 (19%) classes of drugs in the prescription have interactions with each other. Found 8 (7%) drug food interactions. Found 100% appropriateness of drug ordered based on patient diagnosis, dosage of drug, frequency of drug, route of administration, drug intended to have a drug order in the medication chart, medication orders are clear, legible, dated, timed, names and signed, medication chart do not have any unapproved abbreviations.⁸

Surbhi arora et. all 2019 study says -

Our study highlights that there is a scope for improvement in prescribing patterns in areas of writing legible and complete prescriptions. To lay down the principles of rational pharma cotherapeutics, proper training of the prescribers on rational prescription writing is the need of an hour for improving the quality of prescriptions.⁹

Vijaya Santhi Thulasiraman et. All 2022 study says-

This study has fulfilled the majority of WHO recommendations except for writing in capital letters and also brings out the common drug interaction that happens with psychiatric medications and the reasoning behind them.¹⁰

The data obtained were analysed by using simple descriptive statistics and the parameters were expressed in percentages.

OBJECTIVES:

Our Primary objective was: To guide undergraduate students to attain competence in conducting prescription audits as per WHO core guidelines and NHM India guidelines

Secondary objectives were:

- To evaluate adherence to good prescribing practices.
- To assess the rationality of drugs prescribed.

MATERIAL AND METHODS:

Every student of the 2019 MBBS batch at ABVGMC Vidisha (MP) who has completed their final part I university exam is given the opportunity to do electives in two blocks of 14 days each in every block. Block (1) electives had pre and para clinical subjects and Block (2) electives had clinical subjects. Different electives/ areas of research are decided and given by heads of departments and students are also given the chance to come up with their own area of interest/ideas to work in the medical field with prior permission from H.O.D. are 24 electives created on block (1) and 22 electives created on block (2) with names of elective, students had given opportunity to choose any of them from both block. The total number of students who can choose the electives was also predefined so that electives can be done on every subject, and every subject has an equal chance of being selected by students. The electives were pre-approved by the ethics committee of our institute and conducted as per the ethical guidelines. An informed consent form from participants was obtained. A whole batch of 180 medical students of 2019 Batch was chosen for electives as per order of NMC India in order to complete the final MBBS exam. We studied the prescription for the audit. Miss Poonam (roll no110) and Mr. Nishant (roll no. 101) collected the drug prescriptions at a drug distribution center. 50 prescriptions each from both students and author number 1 audited the prescription and the role assigned by the institute is "internal preceptor" and helped the students to know how it is audited. The data obtained were using simple descriptive statistics and the parameters were expressed in percentages

RESULT:

total 100 prescriptions taken for study out of which 3 rejected as printed copy of prescription was blurred, so total 97[54 male(55.67%) 43 Female(44.32%)] prescription audited(31 G.Medicine,4 G.surgery,4 paediatrics,7 dentistry,10 ENT,5 GYOB,1 emergency medicine,18 dermatology,3 ortho,8 ophthalmology,1 pulmonary,3 psychiatry,2 pain clinic) 30(30.92%) prescriptions out of 97 prescriptions have no history of present or past illness, in 57 (58.76%) Prescriptions drugs was not written in capital letters as per government notification, 2(2.06%) prescriptions had mix writing(capital and small letters both), 62(63.91%) prescriptions written without diagnosis and medicines prescribed directly on clinical symptoms basis only. 22(22.68%) prescriptions given without signature of doctor, 78(80.41%) prescription have no prescriber name, 90(92.78%) prescriptions has no registration no. of doctor who has given prescriptions, 63(64.94%) prescription had not shown the prescriber designation. 2(2.06%) prescription was found to be irrational and 100% prescription written with generic drugs.

CONCLUSION:

it is found in prescriptions provided to patient in this setup that doctor not interested to show his/her registration number(in 92.78% prescriptions) followed by prescription incompleteness in doctor name(80.41% with prescriber name),designation(64.94% incomplete), writes drugs without proper diagnosis (63.91%),not interested to write drugs in capital letters(58.76%), not writing history of present or past illness in prescription(30.92%),prescription not signed by prescribing doctor(22.68%),mix writing in capital and small letters for medicine and irrationality(in drug interactions) found equal in percentages (2.06%) each. This incomplete writing of prescription can be changed by proper training in prescription writing, giving hands on workshops, training on legal issues which can be arises related to incomplete prescription.etc, and we decided to give training to our treating doctors in these area of interest for better outcome in health services.

Conflict of interest: no**REFERENCES:**

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